TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 3761

SERIAL NO.:

Ake Larsson 10/638,151

FILED:

August 8, 2003

CONFIRMATION NO.: 6077

EXAMINER: Deborah Leslie Malamud

TITLE:

NERVE STIMULATION DEVICE

AMENDMENT "B" UNDER 37 C.F.R.§ 1.116

MAIL STOP AF

Commissioner for Patents P.O. Box 1450

N RE APPLICATION OF:

Alexandria, Virginia 22313-1450

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONA FEE
TOTAL CLAIMS	*6	MINUS	**9	x	() X 25.00 () X 50.00	
INDEP. CLAIMS	*1	MINUS	2	x	() X 10000 () X 20000	
	mended to contain dependent claims y paid for.			(') YES	()\$180.00 ()\$360.00 ONE TIME	
			TOTAL ADDITIONA			\$0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

\boxtimes	Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated
	October 12, 2006 for two (2) months so that the period for response is extended to March 12, 2007. A check in the amount
	of \$450.00 is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to
	deposit account No. 501519. A duplicate copy of this sheet is enclosed.

i.		of \$450.00 is attached to cover the cost of the exterdeposit account No. 501519. A duplicate copy of the	nsion. Any deficiency or overpayment should be charged or credit is sheet is enclosed.						
	\boxtimes	A check in the amount of \$ 450.00 is attached.							
•		· · · · · · · · · · · · · · · · · · ·	k for \$ accompanying IDS under 37 CFR 1.97(c) is attached						
•	ō	A check for \$ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.							
	=		any additional fees which may be required, or to credit any overpay						
	_	to account No. 501519. A duplicate of this sheet is enclosed.							
		When phoning re this application, please call (312) 258-5500.							
		when pholing te this application, please can (512).	250-5500.						
			SCHIFF, HARDIN LLP (Customer Number: 2557)						
			BY = (28,982)						
	I he	ereby certify that this correspondence is being deposi-	ted with the United States Postal Service as First Class Mail in an						
			Box 1450, Alexandria, Virginia 22313-1450 on February 21,						
	200	•							
		-	Steven H. Noll						
			NAME OF APPLICANT'S ATTORNEY						
02/28/2007 HBELETE1 00000027 10638151			Stall. Most						
** 50 1050		450.00 OP	SIGNATURE						
01 FC:1252		100100 01	February 21, 2007						
		•	DATE						

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